

Shenda Falvey

Ante & Post Natal Personal Training

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Further Information Relating To Participation In Post Natal Exercise

Delivery Date: _____ Type of Delivery: _____

Have you had your post natal check up? Yes No

Was everything satisfactory? If not please give details: _____

Are you still bleeding? Yes No

If yes, please give details?: _____

Are you/ were you a regular exerciser? Yes No

If yes, please give details?: _____

Do you suffer from asthma? Yes No

If yes, how do you control it?: _____

Do you suffer from any other conditions that may affect you during participation? Yes No

If yes, please give details?: _____

Do you do/ intend to do any other exercise in addition to this? Yes No

Any additional comments or concerns: